

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36370

State File No.

Registrar's No. 4886

FILED DEC 14 1948

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertrude Bedell

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 7, 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Hartville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

MOTHER FATHER { 12. Name W. F. Duncan
13. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Kennimore
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Belle White

(b) Address 2600 North Allis

17. (a) Burial (b) Date thereof 12/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Ave.

19. (a) 11-30-48 (b) B. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3918 East 13th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1948 hour 12 minute 50 AM.

21. I hereby certify that I attended the deceased from 15th 48 Nov. 28, 1948,
that I last saw her alive on Nov. 28, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia Duration

Due to Hypertensive Heart Disease.

Due to None
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 75 A
Of autopsy 1
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) George H. Taft
(e) Means of injury
Signature George H. Taft (M. D. or other) M. D.
Address 2204 E. 18th st. Date signed 11/29/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. L. L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed L. Jessie Marlowe
Licensed Embalmer No. 3996
P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.